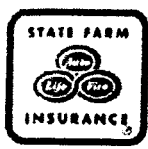


116596



# CERTIFICATE OF INSURANCE

State Farm  
Specialty Products

ISSUE DATE: December 2, 2011

|  |                       |   |  |
|--|-----------------------|---|--|
| Producer<br>«CONTACT_NAME»<br>«BRKR_NAME»<br>«BRKR_ADDR_1»<br>«BRKR_ADDR_2»<br>«BRKR_ADDR_3»<br>«BRKR_CITY», «BRKR_STATE» «BRKR_ZIP»<br>Producer Code #: «BROKER_ID»<br>Producer Fax #: «BRKR_FAX»   |                       | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE, TERMS, EXCLUSIONS AND CONDITIONS AFFORDED BY THE POLICIES BELOW. |  |
| Named Insured<br>«RISK_LONG_NAME_1» «RISK_LONG_NAME_2»<br>«RISK_ADDRESS_1»<br>«RISK_ADDRESS_2»<br>«RISK_CITY», «RISK_STATE» «RISK_ZIP_CODE»  |                       | INSURER AFFORDING COVERAGE<br>«ISSUING_COMPANY_NAME»<br>BLOOMINGTON, IL   |  |
| <b>COVERAGES</b><br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS SUBJECT TO ALL THE COVERAGE, TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                       |   |  |
| POLICY NUMBER  | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE  |  |
| «POLICY_NUMBER»  | «INCEPTION_DATE»      | «EXPIRATION_DATE»   |  |
| TYPE OF INSURANCE  |                       | LIMIT OF LIABILITY  |  |
| «POW_FORM_DESCRIPTION»   |                       | «PER_CLM_LMT_1» - Limit of Liability Each Claim   |  |
|  |                       | «AGG_LMT_1» - Total Limit of Liability  |  |
| <input checked="" type="checkbox"/>  |                       |   |  |
| CERTIFICATE HOLDER<br><br><input checked="" type="checkbox"/> TEXAS DEPT. OF INSURANCE<br>AUSTIN, TEXAS<br>APPROVED<br>DEC 29 2011   |                       | CANCELLATION<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  |  |
|  |                       | AUTHORIZED REPRESENTATIVE   |  |